

Check
the
application

Clear
the
form

Details of persons authorised to place payment instructions/declarations of will on behalf of the Account Holder

The form can be used to specify the details of persons authorised to place instructions and conclude transactions on behalf of the Account Holder

1. Details of the Account Holder

Name of the Account Holder _____
Base number _____
Current Account _____

2. Details of authorised persons

Person 1

First and last name _____
Citizenship _____
Country of birth _____

Residential address

Street _____
Building and premises numbers _____
Postcode _____
Town/city _____
Country _____

Is this person a resident of the Republic of Poland? ☐ Yes ☐ No

Personal ID No (PESEL) _____

Date of birth
(DD-MM-YYYY) ____ - ____ - ____

Type of the identity document ☐ Identity card
☐ Passport
☐ Other document,
please state type _____

Series and number of the document _____

Add another person

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Details of persons authorised to place payment instructions/declarations of will on behalf of the Account Holder

Persons who are final acceptors shall be obliged to provide their personal data in accordance with the AML Act of 16 November 2000; if personal data are not provided, the User shall be unable to grant authorisations.

At the same time, we declare that we are fully responsible for the true and fair character of the aforementioned data, and that we will cover all damages suffered by Bank Handlowy w Warszawie S.A. in relation to untrue or incomplete data presented above.

Regulation of the Minister of Finance of 21 September 2001 (Journal of Laws 01.113.1210, as amended)

Account Holder's Signature(s)

Date, stamp



Signature(s) of authorized persons, in accordance with the Account Holder's representation / power of attorney

The completed form should be sent at the following address: Strefa Dokumentacji Klienta, ul. Senatorska 16, 00-923 Warszawa